Welcome to registration for the 2024-25 school year به ثبت نام ۲۰۲۴-۲۰۲۵ خوش آمدید

These instructions are for families who have students **<u>currently</u>** enrolled in a District 69 school, and will be returning. If you have a student to add (a kindergarten or PreK student who is <u>**not**</u> currently attending) you will be able to add them to this registration.

If you are a NEW family, please refer to the instructions for <u>New Registrations</u>.

If you do not have a Campus Parent account, need help resetting your password, or any other additional assistance logging in to Campus Parent, please contact your school office:

اگر حساب مدرسه براي والدين نداريد يا به كمك نياز داريد براي رمز ورود أسم كاربر يا هر كمك ديگري، با ما به شماره تلفن يا إيميلها زير تماس بگيريد:

- Madison: <u>Madisoninfo@skokie69.net</u> / 847-675-3048
- Edison: <u>Edisoninfo@skokie69.net</u> / 847-966-6210
- Lincoln: Lincolninfo@skokie69.net / 847-676-3545

You may access the Online Registration Portal on a desktop, laptop, or Chromebook device only.

شما ميتوانيد به فرم آنلاين ثبت نام از طريق كامپيوتر خانگي، لپ تاب يا كروم بوك دسترسي پيدا كنيد. فقط بايد وارد حساب مدرسه والدين شويد از طريق لينك آبي زير

Log into your Campus Parent account at <u>https://skokie69il.infinitecampus.org/campus/</u>portal/parents/skokie69.jsp

Accessing the Online Registration Application

دسترسي به فرم ثبت نام آنلاين Go to **More**, then click on **Online Registration** به مور برو و بعد روي آنلاين رجيستريشن(ثبت نام إلكترونيكي) كليك كنيد

Parent ▼	More	
Message Center	Address Information	>
Today Weekly Overview	Demographics	>
Assignments	Family Information	>
Grades Grade Book Updates	Important Dates	>
Attendance	Lockers	>
Schedule Responsive Schedule	Meal Benefits	>
Food Service	Transportation	>
Fees	D219 Summer	>
Discussions	Parent Forms and Resources	>
More	Online Registration	>
	Online Payments	>
_	Student Reports	>

Click the Start button next to the 2024-2025 Student Registration.

```
روي استارت يا شروع كليك كن تا به ثبت نام ٢٠٢٥-٢٠٢ برويد
```



Review the names of students who are returning, then click on the **Begin Registration** button (you will have the ability to add a new student **later** in the registration process.)

إسم دانش آموزاني كه به مدرسه بر ميگردند را مرور كنيدبعد روي شروع ثبت نام كليك كنيد(شما بعدا توانايي أضافه كردن دانش آموز ديگر را خواهيد داشت)

Conline Registration Student Registration							
If you only want to register n	ew students for the se	lect year at this year, please use	the link below to go to the New Student R	egistration form.			
STUDENT NAME	GRADE	INCLUDED IN NEW APP?	REASON IF NOT INCLUDED	ONLINE REGISTRATION SUBMITTED?			
Medison Sample	01	yes	Included	no			
Edison Sample	04	yes	Included	no			
Lincoln Sample	07	yes	included	no			
Sample Student	к	yes	Included	no			
Birgin Registration							

On the next page please enter your first and last name, to attest and verify that you are the authorized user of this account. Then click **Submit**. Make a note of the Application Number on the top right corner - if you lose connectivity or get logged out for any reason, you can use this number to get back into the application.

در صفحه بعد لطفا نام و نام خانوادگیتان را وارد کنید براي اينکه ثابت بشود شما مجوز استفاده از اين حساب را داريد.بعد روي سابميت کليك کنيد. شماره فرم در قسمت گوشه بالاي سمت رأست فرم را جايي ذخيره کنيد.اگر يك موقع از سيستم بيرون بياييد يا مشکلي پيش بيايد ، با اين شماره ميتوانيد از دوباره داخل شويد.

Infinite Online Registration	Application Number 22469
Welcome Parent69 Sample! Please type in your first and last name in the box below. By typing your name into the box below you attest that you are the person authenticated into this application or an authorized user of this account, and the data you are entering/verifying is accurate and true to the best of your knowledge.	

Gather the listed documents (Household information, Parent Information, Student Information, Emergency Contact Information). Then click the **Begin** button.

مدارك مورد نياز را جمع آوري كنيد(اطلاعات خانوادگي، اطلاعات والدين، اطلاعات راجع به دانش آموز، تماس ضروري) بعد روي بگين يا شروع كليك كنيد.

Welcome to the Infinite Campus Online Registration. Before you begin, please gather the following:
Household Information address and phone numbers Parent Information work and cell phone numbers, email addresses Student Information demographic Information Emergency Contact - addresses and phone numbers.
Note: Required fields are marked with a red asterisk, and the district will receive the data exactly as it is entered. Please be careful of spelling, capitalization and punctuation. Dates should be entered as MM/DD/YYYY and phone numbers as xxx-xxx-xxxx.
District 219
Returning (D219) high school students: These students DO NOT need to re-register using this Online Registration tool. These students must have (annually) verified their Residency in the township. To complete this process - Return to the Campus Parent portal (Message Center) and click on the link for Residency.
If you need assistance, please call during regular school hours Monday-Friday. (847) 626-2934 for Niles West 7:30-3:30 (847) 626-2394 for Niles North 7:00-3:00 District 67 If you are registering a student at School District 67 and need assistance, please send an email to: help@golf67.net
District 69 If you are registering a student at School District 69 and need assistance, please send an email to: help@skokie69.net
You will need to provide the following:
Proof of residency documents Proof of immunization documents (new students, Kindergarten, 2nd grade, 6th grade)
District 807 If you are registering a student in Niles Township District for Special Education 807 and need assistance, please send an email to: heip@ntdse.org
*** It is recommended you periodically click on the blue button at the bottom of the screens to make sure your data is being saved. ***
Please take note of your application number in the upper right hand corner of the screen and save the email with the Registration link. You will need these if you do not complete the registration form at this time and will need to resume later.
Begin

<u>Student Primary Household Section</u> بخش خاتواده اوليه دانش آموز

Home Phone

تلفن منزل

Verify or Edit Home Phone and Contact Preferences, then click the Next button

شماره منزل و ترجيح تماس را وارد يا عوض كنيد و بعد گزينه نكست يا بعدي را انتخاب كنيد

Student(s) Primary Household Parent/Guardian Emergency Contact Other Household Members Student Completed Primary phone										
Primary phone Iome Phone * (847) 675-7666 EMERGENCY HIGH PRIOR/ITY ATTENDANCE BEHAVIOR GENERAL TEXT Image: Instruct Contact Preferences Image: Instruct Contact Instruct Contact Instruct Instruct Contencent	Student(s) Primary Household	Parent/G	Jardian	Emergency Co	ntact Other	Household Memb	bers	Student	Comp	leted
Contact Preferences (847)675-7666 EMERGENCY HIGH PRIORITY ATTENDANCE BEHAVIOR CENERAL TEACHER PRIVAC VOICE © © CONTACT Preferences TEXT © © OCONTACT Preferences Image not colspan="2">Contact Preferences Image not colspan="2">Contact Preferences Image not colspan="2">Contact for emergency messages Iligh Priority - Marking this checkbox will use this method of contact for emergency messages Stable of the stable	Primary phone									
(847)675-7666 VOICE Image: Construct Preferences	ome Phone *					Contact Pr	eferences			
voice Image: Contact Preferences	(847)675-7666			EMERGENCY	HIGH PRIORITY	ATTENDANCE	BEHAVIOR	GENERAL	TEACHER	PRIVATE
Text Image: Contract Preferences Simergency - Marking this checkbox will use this method of contact for emergency messages ligh Priority - Marking this checkbox will use this method of contact for messages labeled as High Priority Notification. tttendance - Marking this checkbox will use this method of contact for attendance messages, such as those sent by the Attendance Dialer Wizard. behavior - Marking this checkbox will use this method of contact for general school messages, such as those sent by the Behavior Messenger Wizard. behavior - Marking this checkbox will use this method of contact for general school messages, such as those sent by the School or district. ceacher - Marking this checkbox will use this method of contact for general school messages, such as those sent by the school or district. ceacher - Marking this checkbox will use this method of contact for general school messages, including messages regarding failing grades and missing assignments. rivitate - Marking this checkbox will use this method of contact for teacher-sent messages, including messages regarding failing grades and missing assignments.			VOICE		2					
escription of Contact Preferences mergency - Marking this checkbox will use this method of contact for emergency messages ligh Priority - Marking this checkbox will use this method of contact for messages labeled as High Priority Notification. ttendance - Marking this checkbox will use this method of contact for attendance messages, such as those sent by the Attendance Dialer Wizard. ehavior - Marking this checkbox will use this method of contact for behavior messages, such as those sent by the Behavior Messenger Wizard. ehavior - Marking this checkbox will use this method of contact for general school messages, such as those sent by the Behavior Messenger Wizard. eneral - Marking this checkbox will use this method of contact for general school messages, such as those sent by the school or district. eacher - Marking this checkbox will use this method of contact for teacher-sent messages, including messages regarding failing grades and missing assignments. rivate - Mark if number should be listed as private			TEXT	~	2	<	2	Z		

Home Address

<u>آدرس منزل</u>

Verify the primary address, if it is correct, click the Next button.

آدرس فعلي محل منزل دانش آموز را وارد و روي گزينه نکست کليك کنيد.

1 Student(s) Primary Household	2 Parent/Guardian	3 Emergency Contact	4 Other Household Members	5 Student	6 Completed
O Primary phone					
• Home Address					
Your address as listed in the portal 5050 Madison St Skokie IL 60077					
Is this address current?*					
< Previous Next >					

If the address is <u>not current</u>, answer No to "Is this address current?", enter the date that the previous residence became inactive, add your new address, then click on the **Next** button.

اگر آدرس در فايل آدرس فعلي دانش آموز نيست،جواب نه بدهيد به سوال آيا اين آدرس، آدرس فعلي است و تاريخ روزي كه از آن آدرس بيرون آمديد را بنويسيد و بعد آدرس جديد را بنويسيد و بعد روي نكست كليك كنيد.

Is this address current?*				
Please enter the date that the mailing	${\mathfrak g}$ address became inactive for this household. ${f \star}$			
month/day/year				
*Please verify or add the informa	ation below. Please update any information	n that is incorrect.		
Number* Prefix	Street *	Tag	Direction	Apartment
	•		•	
City*	State*	Zip*	Ext.	County
		•		
Clear Address Fields				
< Previous Next >				

Enrolling District

منطقه ثبت نام

Select District 69 schools (Lincoln Jr. High, Madison, and Edison) and click the Next button.



Residency Verification

تاييد اقامت

To View the Residency requirements click **District 69 - residency requirements** link

براي ديدن شرايط أقامت روي لينك آبي بزنيد (بالا)

Student(s) Primary Household Student Student(s) Primary Household Student Student Student(s) Primary Household Student Student Student
> Primary phone
> Home Address
> Enrolling District
Olstrict 69 Residency Document Upload
RESIDENCY VERIFICATION DOCUMENT UPLOAD OPTION (below) is available only for District 69 schools. (Lincoln, Madison, Edison)
Please upload your proof of residency documents below. You can upload them individually or as one file containing all of the documents into "Proof of Residency -1.1f you are unable to submit Residency documents at this time, please send the required documents to your student's school: Preschoolinfo@skokie69.net (PreK) MadisonInfo@skokie69.net (Grades K-2) EdisonInfo@Skokie69.net (Grades S-5) Lincohinfo@skokie69.net (Grades S-6) "
District 69 - residency requirements
Proof of Residency - 1
Upload
Proof of Residency - 2
Upload
Proof of Residency - 3
Upload
Proof of Residency - 4
Upload
Proof of Residency - 5
Upload
4 Previous

In order to upload Residency document(s)

- a. Click the **Upload** button
- b. Select a proof of residency file from your computer
- c. Click the **Open** button to add the document to your registration

You can have one file with multiple documents per upload or, to upload a separate file, select the next upload button and follow the instructions.

Note: You may also skip this to upload at a later time or drop off at your child's school office.

براي اضافه كردن مدارك اقامت

الف. روي گزينه اضافه كردن كليك كنيد ب. فايل مدارك ثابت كننده اقامنتان را از كامپيوترتان انتخاب كنيد پ. روي اوين كليك كنيد كه مدارك را به فرم اضافه كنيد

شما ميتوانيد يك فايل با چند مدارك براي آپلود داشته باشيد يا براي اضافه كردن يك فايل جدا، دگمه اضافه كردن بعدي را فشار دهيد و مراحل را انجام دهيد.

توجه: شما ميتوانيد اين مرحله را فعلا انجام ندهيد و ديرتي اضافه كنيد يا مدارك را بصورت شخصي به مدرسه فرزندتان بدهيد.

Enrolling District						
District 69 Residency Document Up	Favorites Recents	<> ≡ • ₩	Documents	0	Q Search	
RESIDENCY VERIFICATION DOCU	Applicati	Today	Size	Kind	Date Added	
Please upload your proof of residency documents at this time, please send t LincolnInfo@Skokia69 pat (Grader 6-	Desktop	Residency Docume	ent 2 88	KB PDF Docum	ent Today at 10:43 AM	are unable to submit Residency onInfo@Skokie69.net (Grades 3-5
District 60 - residency requirements	Documents	Residency Docume	ent 1 88	KB PDF Docum	ent Today at 10:43 AM	
Proof of Residency - 1	Ownloads					
Upload	iCloud					
	iCloud Dri					
Proof of Residency - 2	📑 Shared					
Upload	Locations					
	🕒 sd69f ≜					
Proof of Residency - 3	Network					
Upload	Tags					
	Green					
Proof of Residency - 4	Red					
Upload	 Important 				Cancel Open	
	Orange					

Once you are finished uploading documents click the Save/Continue button.

وقتيكه إضافه كردن مدارك تمام شد روي سيو كانتينيو كليك كنيد.



Parent/Guardian Section

قسمت والدين/ سريرست

Review the guardians listed for your child or children. <u>If a record is highlighted yellow it needs to be</u> reviewed **before** you will be able to continue.

سریرست هایی که در پرونده بجه شما است را مرور کنید .اگر این قسمت به رنگ زرد است شما باید مرور کنید قبل از رفتن به مرحله بعدی. Click on the **arrow** next to the record you would like to review.

	,		د مرور کنید.	ي مدر کي که ميخواهيد	کلیك کنید بر ا
Student(s) Primary	! Parent/Guardian En	nergency Contact Other	1 Household Members Str	l dent Complet	ed
Household					
FIRST NAME	LAST NAME	GENDER	RECORD TYPE	COMPLETED	
Margaret	Clauson	F	Existing	INCOMPLETE	>
Mickey	Mouse	М	Existing	INCOMPLETE	>
Parent69	Sample	М	Existing	INCOMPLETE	>
Add New Parent/Guardian					
Please list all primary Parent/Gu	ardian's in this area.				
K Back Save/Continue					

Demographics

جمعيت شناسى

Verify the demographic information and click the **Next** button.

		جمعيت شناسي را وارد کنيد و بعد نکست را فشار دهيد.
Parent/Guardian	Name: Parent69 Sample	
O Demographics		-
Enter the parent/gua	ardian you wish to enter. Please review and complete the following:	
First Name *		
Parent69		
Middle Name		
Last Name *		
Sample		
Suffix		
	¥	
Birth Date *		
01/27/1985		
Gender *		
Male	v	
Does this person live at	the address listed below?*	
	-	

If the address for this person differs from the one listed, select **No** for "Does this person live at the address listed below?" and provide updated address information. If you do not wish to provide address information for this parent, please check the "*I will not provide an address for this parent*" box. Once completed click **Next**.

زير زندگي ميکند؟و بعد آدرس	سوال آیا این شخص در آدرس	، نه را انتخاب کنيد براي ،	ز آدرس داخل فرم است،	اگر آدرس این شخص متفاوت ا
ي. بعد كليك كنيد روي نكست.	ات پروايد ادرس براي اين ولي	بدهيد لطفا گزينه أي ويل ن	ميد أدرس براي يك اوليا ب	دقیق را وارد کنید. اگر نمیخواه

Does this person liv	e at the address listed bel	ow?*			
No	~				
5050 Madison St Skokie, IL 60077					
will not provide an	address for this parent.				
Please use the ad Mail, please click Please do not en Example: If you li	ddress editor below to "Save". ter the entire address in ve at 1234 East Sesam	enter your address. You will se nto the street name field. e Street, 1234 should be enter	ee the formatted postal address below red into the Street Number field, E sho	w in the viewer. Once yo ould be entered into the	ur address appears as it should on U.S. Posta first N,S,E,W field, Sesame should be entered
nto the Street Na lumber*	ame Only field, and St s Prefix	hould be entered in the St,Ave	,Blvd,etc. field.	Direction	Apartment
City*		State *	Zip *	Ext.	County
Clear Address Fi	elds				
hone Number					
()					
Next >					

Contact Information

اطلاعات تماس

Review and if needed, edit the contact information and preferences. Click the Next button.

			Contact Pr	eferences			
	EMERGENCY	HIGH PRIORITY	ATTENDANCE	BEHAVIOR	GENERAL	TEACHER	PRIVATE
VOICE							
(SMS)TEXT							
			Contact Pr	eferences			
EMERGENCY	HIGH PRIORIT	Y ATTENDAN	CE BEHA	VIOR	GENERAL	TEACHER	PRIVATE
	<	~		1			
			Contact Pr	eferences			
EMERGENCY	HIGH PRIORIT	Y ATTENDAN	CE BEHA	VIOR	GENERAL	TEACHER	PRIVATE
EMERGENCY		Y ATTENDAN	CE BEHA			TEACHER	
	VOICE (SMS)TEXT EMERGENCY	EMERGENCY VOICE	EMERGENCY HIGH PRIORITY VOICE Image: Constraint of the second se	Contact Private Privat	Contact Preferences EMERGENCY HIGH PRIORITY ATTENDANCE BEHAVIOR VOICE Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences EMERGENCY HIGH PRIORITY ATTENDANCE BEHAVIOR Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Ima	Contact Preferences EMERGENCY HIGH PRIORITY ATTENDANCE BEHAVIOR GENERAL VOICE Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences EMERGENCY HIGH PRIORITY ATTENDANCE BEHAVIOR GENERAL Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences EMERGENCY HIGH PRIORITY ATTENDANCE BEHAVIOR GENERAL Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences EMERGENCY HIGH PRIORITY ATTENDANCE BEHAVIOR GENERAL Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences	Contact Preferences EMERGENCY HIGH PRIORITY ATTENDANCE BEHAVIOR GENERAL TEACHER VOICE Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences Image: Contact Preferences

الطلاعات تماس را مرور كنيد يا اگر نياز بود اضافه كنيد و بعد روي نكست كليك كنيد.

State/Impact Aid

كمك دولتي

Please Select Yes or No if the Parent/Guardian is serving in the US military, then click the **Save/Continue** button.

لطفا بله يا خير را انتخاب كنيد اگر والدين در ارتش آمريكا خدمت كردند. بعد روي سيو/ كانتينيو كليك كنيد.

English					
 					
Student(s) Primary Household	Parent/Guardian	Emergency Contact	Other Household Members	Student	Completed
Parent/Guardian Name: Parent/Guardian Name: Parent/Guardian Name: Parent	arent69 Sample				
Demographics					+
Contact Information					+
State/Impact Aid					-
SCHOOL WELLNESS CHILDRE	EN OF MILITARY FAMILIES				
Parent/Guardian in the US mil	itary?				
○ Yes ONo					
< Previous					
Cancel Save/Continue					

Adding a New Parent or Guardian

Click on the Add New Parent/Guardian button.

Student(s) Primary Household	2 Parent/Guardian Em	ergency Contact Other	r Household Members Stu	dent Completed				
Parent/Guardian								
FIRST NAME	LAST NAME	GENDER	RECORD TYPE	COMPLETED				
Margaret	Clauson	F	Existing	COMPLETED				
Mickey	Mouse	М	Existing	COMPLETED				
Parent69	Sample	М	Existing	COMPLETED				
Add New Parent/Guardian Please list all primary Parent/Guardian's in this area. < Back								

Demographics

جمعيت شناسي

Enter demographic information and click the **Next** button.

اطلاعات جمعيت شناسي را وارد كنيد و بعد روي نكست كليك كنيد.

Parent/Guardian Name: Test Parent
Demographics
Enter the parent/guardian you wish to enter. Please review and complete the following:
First Name *
Test
Middle Name
Last Name*
Parent
Suffix
Birth Date *
11/09/1978
Gender *
Male •
Does this person live at the address listed below?*
Yes •
5050 Madison St Skokie, IL 60077
Next >

Contact Information

اطلاعات تماس

Enter contact phone and email information, then verify the Preferred Communication Language and click the **Next** button.

inter your primary contact information.								
Phone *			<s< th=""><th>rong>Contact Pr</th><th>eferences<th>ng></th><th></th><th></th></th></s<>	rong>Contact Pr	eferences <th>ng></th> <th></th> <th></th>	ng>		
(888)888-8888		EMERGENCY	HIGH PRIORITY	ATTENDANCE	BEHAVIOR	GENERAL	TEACHER	PRIVAT
	VOICE							
	(SMS)TEXT							
ork Phone								
()X								
mail								
ther Phone								
ther Phone ()x								
Vither Phone ()X iecondary Email								
Dither Phone (
ther Phone (econdary Email referred Communication Language *								

اطلاعات تلفن و إيميل را وارد كنيد و ترجيح نوع تماس و زبان را وارد كنيد و نكست را بزنيد.

State/Impact Aid

كمك دولتي

Please Select Yes or No if the Parent/Guardian is serving in the US military, if yes, fill in requested information and click the **Save/Continue** button.

اگر بله را انتخاب میکنید اطلاعات خواسته شده را کامل میکنید و	ر ارتش آمریکا سرو کردند.	را انتخاب کنید اگر والدین د	لطفا گزینه بله یا خیر
		را میزنید.	بعد گزینه سیو/ادامه ر

Student(s) Primary Household	2 Parent/Guardian	! Emergency Contact	1 Other Household Members	! Student	6 Completed			
Parent/Guardian Name: Test Parent								
O Demographics					+			
Contact Information					+			
State/Impact Aid					-			
SCHOOL WELLNESS CHILDREN Parent/Guardian in the US milit Ves No	N OF MILITARY FAMILIES							
< Previous								
Cancel Save/Continue								

Once you have reviewed all the parent/guardian records and have a "Completed" status under the completed column, click the **Save/Continue** button to move to the next section.

FIRST NAME	LAST NAME	GENDER	RECORD TYPE	COMPLETED
Margaret	Clauson	F	Existing	COMPLETED
Mickey	Mouse	М	Existing	COMPLETED
Parent69	Sample	М	Existing	COMPLETED
Test	Parent	М	New	COMPLETED
dd New Parent/Guardian				

Emergency Contact Section بخش تماس اضطراری

Review the emergency contacts listed for your child or children. <u>All the highlighted incomplete records</u> <u>need to be reviewed before you can continue.</u> You may also add new emergency contacts in this section.

لطفا ليست تماسهاي اضطراري كه در پرونده فرزند/فرزندانتان وجود دارد را مرور كنيد همه قسمتهاي برجسته كه كامل نيستند بايد مرور و كامل بشوند و شما حتي ميتوانيد تماس اضطراري اضافه كنيد.

Edit/Review existing contacts

ويرايش/ مرور مخاطبين موجود

Click on the gray arrow next to the record you would like to review.

روي فلش طوسي كليك كنيد در جلوي اطلاعاتي كه ميخواهيد مرور كنيد.

	 	 Image: A start of the start of	1						
	Student(s) Primary P Household	arent/Guardian Emo	ergency Contact Othe	er Household Members	Student	Completed			
En	nergency Contact								
	FIRST NAME	LAST NAME	GENDER	RECORD TYPE	CON	IPLETED			
	Emergency	Contact	F	Existing		MPLETE			
	Emergency69	Sample	F	Existing		MPLETE			
	Emergency69	Sample2	М	Existing	INCO	MPLETE			
	Add New Emergency Contact								
<u>IN</u> re	IN AN EMERGENCY, if parent/guardian cannot be contacted, please call one of the following Emergency Contacts listed. Proper identification will be required before a student is released to emergency contacts.								



Demographics

Edit and fill in the required demographic information. If this person should no longer be an Emergency Contact, please select No under "Is this person still an emergency contact for at least one student in this household?" and click the **Next** button.

اطلاعات ورد نياز جمعيت شناسي را اينجا ميتوانيد ويرايش يا كامل كنيد. اگر شخصي ديگر تماس اضطراري شما نيست،نه را انتخاب كنيد. در زير سوال آيا اين شخص هنوز تماس اضطراري براي دستكم يك دانش آموز خانواده شما است؟ بعد روي نكست كليك كنيد.

\mathbf{O}					
Student(s) Primary Household	Parent/Guardian	Emergency Contact	Other Household Members	Student	Completed
Contact Name: Emergency	/ Contact				
Demographics					
Please complete the following	information for each emerg	gency contact for your studen	its.		
First Name *					
Emergency					
Middle Name					
Last Name *					
Contact					
Suffix					
Gender *					
Female •					
Is this person still an emergency co	ontact for at least one student in	this household?*			
Yes 🔻					

Contact Information

اطلاعات تماس

Review or Edit contact information and click the Next button

بازبيني ، يا ويرايش اطلاعات تماس و بعد نكست.

Contact Name: Emergency Contact						
O Demographics	+					
S Contact Information	-					
Enter the contact information for this emergency contact.						
At least one Phone Number is required.						
Home Phone (111)111-1111						
Cell Phone						
Work Phone						
Email C Previous						

Verification

Indicate if this emergency contact lives in the same household as your child or children or enter the emergency contact's address, it will be used to verify if this contact is in our system. Click on the **Save/Continue** button.

مشخص کنید آیا شخص تماس اضطراري با فرزند شما در یك خانه زندگي میکند یا آدرس او را وارد کنید. از آن استفاده میشود که آیا این شخص در سیستم ما هست یانه. روی سیو و کانتینیو کلیك کنید.

Please enter the address for this emergency contact. This information will only be used to verify the contact doesn't already appear in our system.
Does this emergency contact live at the address below?*
No
5050 Madison St Skokie, IL 60077
OR
Address Line 1
Address Line 2
Example Address Line 1 - 123 S Main St Apt 4 Address Line 2 - Schenectady, NY 12345
< Previous
Cancel Save/Continue

Adding a New Emergency Contact

اضافه كردن تماس اضطرارى تازه

Click on the Add New Emergency Contact button

Student(s) Primary Pare Household	ent/Guardian Emergen	3 cy Contact Other Hou	1 sehold Members Studer	جنسي کانتکت کليك کنيد ه nt Completed
Emergency Contact				
FIRST NAME	LAST NAME	GENDER	RECORD TYPE	COMPLETED
Emergency	Contact	F	Existing	COMPLETED
Emergency69	Sample	F	Existing	COMPLETED
Emergency69	Sample2	М	Existing	COMPLETED
Add New Emergency Contact IN AN EMERGENCY. If parent/guardian released to emergency contacts. G Back Save/Continue	i cannot be contacted, please call (one of the following Emerge	ency Contacts listed. Proper identific	cation will be required before a student is

Go through each screen for the new contact.

به صفحه هایی که هست بروید برای اضافه کردن تماس تازه.

Once you have reviewed and added all the emergency contact records and all records have a green check mark under the completed column, click the **Save/Continue** button to move onto the next section.

Student(s) Primary Household	Parent/Guardian E	mergency Contact Oth	her Household Members Stude	ent Completed	
mergency Contact					
FIRST NAME	LAST NAME	GENDER	RECORD TYPE	COMPLETED	
Emergency	Contact	F	Existing	COMPLETED	>
Emergency69	Sample	F	Existing	COMPLETED	>
Emergency69	Sample2	М	Existing	COMPLETED	>
Add New Emergency Contact					

Other Household Members Section

بخش اعضاي ديگر خانواده

In this section you can add other members that <u>reside in the same household</u>. Review other household members listed. All the highlighted records need to be reviewed before continuing. DO NOT ADD NEW STUDENTS (Prek or Kindergarten) TO THIS AREA.

در اين قسمت شما ميتوانيد يكي از اعضاي ديگر خانواده را اضافه كنيديا بازبيني كنيد. همه موارد برجسته با رنگ ديگر نياز به بازبيني دارد قبل از ادامه دادن. در اين قسمت دانش آموز جديدي اضافه نكنيد(پيش دبستاني و مهدكودك).

Click on the arrow to the right of the record you want to update

		کنید.	روز رساني بكنيد كليك	که میخواهید به	، فلش سمت ر أست قسمتي
 Image: A start of the start of	~	 Image: A start of the start of			
Student(s) Primary Household	Parent/Guardian	Emergency Contact Oth	ner Household Members	Student	Completed
Other Household Memb	pers				
FIRST NAME	LAST NAME	GENDER	RECORD TYPE		COMPLETED
Guardian69	Sample69	F	Existing		
Add New Household Member					
<u>Please list all other members, i</u>	including children, of the Primary	Household besides the stude	<u>ent you are enrolling.</u>		
< Back Save/Continue					

Student Section

قسمت دانش آموز Review student enrollment for your child or children. All the highlighted records need to be reviewed before continuing.

ثبت نام فرزند يا فرزندانتان را بازبيني بكنيد.

همه قسمتهاي برجسته شده نياز به بازبيني دوباره دارد قبل از ادامه دادن.

Click on the arrow to the right of the first student

روي فلش سمت راست اولين دانش أموز كليك كنيد.

tudent							
FIRST NAME	LAST NAME	GENDER	SCHOOL	RECORD TYPE	COM. LETED		
Edison	Sample	м	Edison Elementary School	Existing	INCOMPLETE		
Madison	Sample	Ν	Madison Elementary School	Existing	(INCOMPLETE)		
Lincoln	Sample	м	Lincoln Junior High School	Existing	(INCOMPLETE) >		
Add New Student							
< Back Save/Con	tinue						

Demographics

جمعیت شناسی

Review and add any missing information and click on the Next button

	ت کلیك کنید	کامل کنيد. روي نکس	گر چيزي از قلم افتاده	ا بازبيني کنيد و ا
Student Name: : Edison Sample				
O Demographics				-
There will be a few steps for each student you enter. The first incorrect. Please enter the student's name exactly as it apper enter both names without a dash in between.	t is general demographic inf ars on the birth certificate. If	ormation. Please verify or add th your student has two last name	he information below. Please upda es, please enter both in the box m	ate any information that is arked "last name". Please
Legal First Name *	Gender*		Enrolling School / District *	
Edison	Male	•	·	
Middle Name	Birth Date*		Enrollment Grade *	-
	08/10/2003		03 🔻	
Legal Last Name *				
Sample				
Suffix				
.				
Nickname				
Best School Ever!				
Next >				

Race/Ethnicity

نژاد/قومیت

Review and add any missing information and click on the Next button

اطلاعات را بازبيني كنيد و اگر چيزي از قلم افتاده اضافه كنيد و بعد روي نكست كليك كنيد.

Student Name: Rusty	Shackleford			
> Demographics				
 Race Ethnicity 				
Is Hispanic/Latino No	*			
*Please check all that	apply. If not Hispanic, at least one is required.			
🗹 American Indian o	· Alaska Native			
🗌 Asian				
🗌 Black or African An	ierican			
🗌 Native Hawaiian or	Other Pacific Islander			
🗌 White				
Previous Next				
Housing				
Student Services				
Language Information				
Previous Schools				

<u>Housing</u>

مىكن

Review and verify the student's current housing/custody information then click the **Next** button. محل سکونت/ سرپرستي فعلي دانش آموز را بازبيني کنيد و وارد کنيد و بعد روي نکست کليك کنيد.

O Housing	-
Do both parents have shared legal custody of the child ?*	
 ○ Yes ○ No 	
< Previous Next >	

• If there is not shared legal custody please describe the party who has custody and the legal arrangements.

Do both parents have shared legal custody of the child ?*
○ Yes ⓒNo
If No, please describe the party who has custody and the arrangements. Please make sure the school has a copy if not already on file *
This field is required
< Previous Next >

Relationships - Parent/Guardians

روابط - والدين/ سريرستان

Review and verify parent relationships to the student and contact preferences, then click **Next**. روابط والدين با دانش آموزان را بازبيني كنيد و كامل كنيد و ترجيح تماسهايتان را انتخاب كنيد سيس روى نكست كليك كنيد.

least one person must be marked as	'Guardian'.						
NAME	RELATIONSHIP *	GUARDIAN	MAILING	PORTAL	MESSENGER	SECONDARY HOUSEHOLD	CONTACT
	Aunt						
MICKEY MOUSE	Father •	1	1	4	1		2
PARENT69 SAMPLE	Mother •	1	1	1	1		1
TEST PARENT							
TEST PARENT rigition of Contact Preferences rigian - Marking this checkbox will fi al - Marking this checkbox will flag senger - Marking this checkbox will ndary Household - Marking this ch iact Sequence - Adding a sequence	▼ lag this person as legal guardian to the stu g this person to receive mailings for the stu this person as a portal account, and this p II flag this person to receive messages fron heckbox will indicate that the student has a e number on contacts will prompt district s	dent. dent. erson will be able n the District's me secondary hous taff to contact th	e to view student essenger system ehold memberst ese persons in ti	t information wint. hip with this per he order that yo	thin the portal for son u specify. Parent/	this student. 'Guardians shoul	d start with a

Relationships - Emergency Contacts

روابط - تماسهای اضطراری

Review emergency contacts, relationships to the student and what order you want them contacted in case of emergency, then click **Next**.

```
تماسهاي اضطراري را بازنگري کنيد، روابط با دانش آموز و ترتيب روابط و تماسها در ليست را منظم کنيد براي موارد اضطراري و سپس
روي نکست کليك کنيد.
```

Relationships - Other Household

روابط - سایر خانواده

Review other members of your household and relationships to the student, then click Next.

اعضاي ديگر خانواده را مرور كنيد و روابط آنها با دانش آموزان و سپس روي نكست كليك كنيد.

📀 Relationships - Other Household

NAME	RELATIONSHIP *
MADISON SAMPLE	Sibling
LINCOLN SAMPLE	Sibling
GUARDIAN69 SAMPLE69	Guardian 🔻

Description of Contact Preferences No Relationship - Marking this checkbox will indicate that this person does not share a relationship to the student. By checking this checkbox you are indicating that this person no longer has a relationship to the student. The relationship will be ended if one exists.
stor>
br>*** If the Relationship is a brother or a sister, please choose

sbibling</br/>/b> in the dropdown.



Health Services - Medical or Mental Health Conditions

خدمات بهداشتي - وضعیت سلامت پزشکي یا رواني

Update any medical conditions listed, add any new ones or mark that the student does not have any medical or mental health conditions. Each condition must be marked Current or NOT current.

تمام وضعيت پزشكي را مرور كنيد و اگر وضعيت جديدي است اضافه كنيد يا اگر وضعيت پزشكي و سلامت رواني ندارد اضافه كنيد. هر وضعيتي بايد مارك بزنيد كه در حال حاضر آن وضعيت وجود دارد ياندارد.

Does this student have any medical or mental health conditions?*		
Yes 🔻		
Condition *	Condition Status*	
Allergies to Food (explain)	O This condition is current	
	O This condition is NOT current	
Condition *	Condition Status *	
Asthma - carries an inhaler	 This condition is current 	
	O This condition is NOT current	
Condition *	Condition Status *	
Asthma	O This condition is current	
	O This condition is NOT current	
Condition *	Condition Status *	
Diabetes	O This condition is current	
	This condition is NOT current	
Add Condition		
< Previous Next >		

Health Services - Medications

خدمات سلامتى

Update any medications the student will take at school or mark that there are no medications. Please note if there are medications, please click on the District 69 link to download a copy of the School Medication Authorization Form. A current form must be filled out, signed by the student's doctor and must be returned to school each year. If a medication is no longer taken, mark it is NOT current.

تمام داروها كه دانش آموز در مدرسه بايد استفاده كند مرور كنيد و يا علامت بزنيد كه هيچ دارويي. توجه كنيد اگر دارويي وجود دارد، لطفا روي لينك منطقه ٦٩ كليك كنيد و اجازه نامه دارويي را دانلود كنيد. هر سال نسخه جديد بايد پر شود و با دكتر دانش آموز امضا شود و به مدرسه برگردانده شود . اگر دانش آموز دارويي را ديگر استفاده نميكند بايد علامت زده شود در حال حاضر نه.

 Health Services - Medications Health Services - Medications Health Services - Medications Health Services - Medications?* Yes This subdent take any medications?* Yes This medication is current This medication is NOT current Existing Medication * Medication Status * This medication is current This medication is NOT current Add Medication Add Medication Medication is NOT current This medication is NOT current
• Health Services - Medications Does this student take any medications?* Yes Yes Existing Medication * Medication Status * This medication is NOT current Existing Medication * Medication Status * This medication is NOT current Add Medication
Does this student take any medications?* Yes Existing Medication * Chis medication is current This medication is NOT current Existing Medication * Medication Status * This medication is current This medication is current This medication is NOT current Add Medication
Existing Medication* Medication Status*
Existing Medication * Medication Status * Chis medication Status * This medication is current This medication is NOT current This medication is NOT current
Existing Medication * Medication Status * O This medication is current O This medication is current Add Medication Add Medication
Existing Medication * Medication Status * C This medication is current This medication is NOT current Add Medication
Add Medication
Add Medication
Add Medication
Click the links below, to find out your registering District's School Medication Authorization Form requirements. You need to print this and bring it to your doctor to complete. Medication will not be distributed without this form being complete.
District 219 District 69 District 67 District 807
< Previous Next >

Release Agreements - D69

قرارداد مرخصی از مدرسه

Answer all questions on the Release Agreements - D69 page - there are attached policies for Residency, Technology and Use of Student Photo, Video and Informational Agreement.

همه سوالهاي قرارداد مرخصي از مدرسه صفحه منطقه٦٩ را جواب دهيد. درضميمه آن قوانين اقامت، فن آوري و استفاده از عكس و ويديو دانش آموز و اطلاعات قرارداد وجود دارد.

FEES

Release Agreements - D69

Do you plan on applying for a fee waiver?*

○ Yes ○ No

I/We have reviewed the board of education approved school fees (School Fee Schedule)*

TRANSPORTATION (For K-8 students and IEP eligible PK students only)

Would you like bus transportation for your child? (not available for PreK) (Bus Fee Schedule)*

◯ Yes ◯ No

ADDITIONAL STUDENT INFORMATION

I give permission for my child's name and family contact information (parent name(s), phone number, email address) to be shared with parent organizations (ie. PTO) and with families in my child's classroom (PreK-5) or grade level (6th-8th grade).*

⊖ Yes ⊖ No

I give permission for my student's information (name, address, birthday, phone, grade, guardian name and email, public library card number) to be shared among the Skokie and Morton Grove Public Libraries and District 69 for the purpose of obtaining a public library card for my student and to allow them to use the library's online resources through the school district's website. As guardian of the above named student, I also agree to comply with all rules and regulations of Skokie and Morton Grove Public Libraries and immediately report any change of address or loss of card. *

• Yes, share my information. Select yes even if your child has a library card

 \bigcirc No, do not share my information.

Would you like information about homeless resources or services?*

⊖ Yes ⊖ No

District 69 uses this information to project future enrollment. Are you anticipating the birth or placement of a child in your home in the next 6-12 months?*

◯ Yes ◯ No Would you like to request interpretation services for conferences and meetings, such as parent-teacher conferences or IEP meetings?*

◯ No ◯ Yes

RESIDENCY

I/We acknowledge that I have read and agree to the Residency Policy (Agreement) *

TECHNOLOGY

I/We have read the Appropriate Use of Technology Agreement (Agreement) *

_

I/we have read and acknowledge the Use of Student Photo, Video, and Information Agreement (Agreement) *

Uploading Physical and Immunization records

بروز رسانی آزمایشات پزشکی و سابقه واکسن

کلیك بروز رسانی - پرونده را در كامیپوتر باز كنید و کلیك اوین

Upload physical and immunization records. Students are not allowed to start school until the required forms are received (you may also skip this to upload at a later time or drop off at your child's school office).

سابقه آزمایشات پزشکي و واکسنها را بروز رساني کنید. دانش آموزان بدون ارائه نسخه بروز پزشکي و واکسن اجازه ندارند مدرسه را شروع کنند. (شما میتوانید این قسمت را بعد و یا بطور فیزیک مدارک را به مدرسه ارائه دهید).



Click upload - select the file on your computer - and click open.

INOIS PHYSICAL AND IMMUNIZATION REQUIREMENTS about sides of your State of Illinois Certificate of Child Health E Kindergarten, Kindergarten, and Grade 6 children must submit the ph 5 form. Nease make sure a parent/guardian completes and signs the H your, State of Illinois Certificate of Child Health Examination form, must the first day of school or after will be accepted. sole to submit immunization document(s) at this time, please send the r yo be sent to the following emails: stokide59.net (Grades S-2) cokle69.net (Grades S-5) cokle69.net (Grades S-6) Dant side of State of IL Health Exam Form	xamination forms bei vysical examination and lealth History section of be signed by a physici equired documents to y	low immunization form the form. <u>Student</u> an, nurse practitione arour student's schoo	. Students ente s are not allow er, or physician ol no later than	ering ar wed to assista Thursd	Illinois school fr <u>start school u</u> nt. Only this forr 3y, August 1, 20	or the first time at any grad til the required form is i n is accepted. Forms dated 24 to avoid exclusion from :	de level must <u>received.</u> I within one school.
A both sides of your State of Illinois Certificate of Child Health E exindergarten, Kindergarten, and Grade 6 children must submit the pt sform. Please make sure a parent/guardian completes and signs the H mm, <u>State of Illinois Certificate of Child Health Examination form</u> , must le first day of school or after will be accepted. Just to submit immunitation document(s) at this time, please send the r ny be sent to the following emails: liskokie69.net (Grades K-2) oxide69.net (Grades K-2) oxide69.net (Grades S-6) oxide69.net	xamination forms bei nysical examination and lealth History section of : be signed by a physici equired documents to y	low I immunization form the form. <u>Student</u> an, nurse practitione rour student's schoo	. Students ente <u>s are not allov</u> er, or physician ol no later than	ering ar wed to assista Thursd	Illinois school fr start school un nt. Only this forr ay, August 1, 20	or the first time at any grad ntil the required form is : n is accepted. Forms dated 24 to avoid exclusion from :	Je level must <u>received.</u> I within one school.
e-kindergarten, kindergarten, and Grade 6 children must submit the pt sform. Please make sure a parent/guardian completes and signs the H mm, <u>State of Illinois Certificate of Child Health Examination form</u> , must le first day of school or after will be accepted. Just os ubunit immunization document(s) at this time, please send the r y be sent to the following emails: iskokie69.net (Grades K-2) oxide69.net (Grades K-2) oxide69.net (Grades S-5) oxide69.net (Grades S-6)	vysical examination and lealth History section of : be signed by a physicli equired documents to y	l immunization form 'the form. <u>Student</u> an, nurse practitione rour student's schoc	. Students ente s are not allow er, or physician ol no later than	ering ar wed to assista Thursd	Illinois school fi start school u nt. Only this forr ay, August 1, 20	or the first time at any grac ntil the required form is n is accepted. Forms dated 24 to avoid exclusion from :	de level must received. I within one school.
orm, State of Illinois Certificate of Child Health Examination form, must te first day of school or after will be accepted. Je to submit immunization document(s) at this time, please send the r y be sent to the following emails: skokie69.net (Grades K-2) oxide69.net (Grades S-5) oxide69.net (Grades S-6) ont side of State of IL Health Exam Form d	be signed by a physicial equired documents to y	an, nurse practition	er, or physician ol no later than	assista Thursd	nt. Only this for ay, August 1, 20	m is accepted. Forms dated 24 to avoid exclusion from :	l within one school.
ble to submit immunization document(s) at this time, please send the r y be sent to the following emails: isokide59.net (Prek) isokide59.net (Grades X-5) oxide59.net (Grades S-5) oxide59.net (Grades S-5) oxide59.net (Grades S-6) oxide59.net (Gra	equired documents to y	vour student's schoo	ol no later than	Thursd	ay, August 1, 20	24 to avoid exclusion from	school.
skokie69.net (Grades K-2) okokie69.net (Grades X-2) okokie69.net (Grades 3-5) okokie69.net (Grades 5-8) ont side of State of IL Health Exam Form							
ont side of State of IL Health Exam Form							
d (
	Documents	•				Q Search	1
Today			Size		Kind	Date Added	
Immunizations				14 KB	PDF Document	Today at 11:05 AM	
Description 20 Descr							
Residency Document 2				88 KB	PDF Document	Jan 25, 2023 at 10:43 AM	
Residency Document 1				88 KB	PDF Document	Jan 25, 2023 at 10:43 AM	
							·

To remove a file added in error, click Remove File.

براي حذف كردن پرونده اشتباه كليك حذف يا ريموو فايل.



Signature Authorization

امضای اجازہ

Use your mouse to sign your name and click Save/Continue

از ماس کامپیوترتان استفاده کنید تا امضا کنید و کلیك سیو/ کانتینیو

> Release Agreements - D69
• Signature Authorization
Please sign on the line below
Please click the "Save/Continue" button below to complete registration for this student and/or add a new student.
« Previous
Cancel Save/Continue

ADDING A NEW KINDERGARTEN OR PRE-K STUDENT

اضافه كردن دانش آموز تازه مهدكودك و ييش دبستاني

If you have a child who will be attending kindergarten or PreK, and they HAVE **NOT** been a student in a District 69 school previously, this is where you will add them to your Infinite Campus household.

Click on Add New Student

اگر فرزندي داريد كه مي خواهيد براي اولين بار به پيش دبستاني و مهدكودك منطقه ٦٩ بيايد ، اينجا ميتوانيد آنها را به جدول دانش آموز مدرسه اضافه كنيد.

روي اضافه كردن دانش أموز كليك كنيد.

Student(s) Primary Household	Parent/Guar	dian En	ergency Contact	Other Household Members	! Student	6 Completed			
Student									
FIRST NAME	LAST NAME	GENDER		SCHOOL	RECORD TYPE	COMPLETED			
Edison	Sample	м	Edison	Elementary School	Existing	INCOMPLETE	>		
Madison	Sample	Ν	Madison Elementary School		Existing	INCOMPLETE	>		
Lincoln	Sample	м	Lincoln	Junior High School	Existing	INCOMPLETE	>		
Add New Student Please include all students that need to be enrolled. < Back									

You will go through all of the screens outlined above but will be given a few additional screens to complete for the new student.

شما همه صفحه هايي كه در بالا ذكر شده را مرور و كامل ميكنيد و همينطور چند صفحه ديگر هم وجود دارد كه براي دانش آموز جديد كامل ميكنيد. Please enter the information on the **Demographic** page, **Race Ethnicity**, and **Housing** tabs.

لطفا اطلاعات صفحه جمعیت شناسی ، نژادو قومیت و مسکن را وارد کنید.

Student Services

Verify whether or not the student has a current IEP (Individualized Education Program), 504, or has received gifted/talented services.

Student Name: : Sample Sample	
Demographics	+
Race Ethnicity	+
Housing	+
Student Services	-
Does your student have a current IEP? *	
Has your child received gifted/talented services?*	
< Previous Next >	

Language Information - all questions on this tab are required

- Review and verify whether the student has received ESL/ELL services
- Review and verify what date the student enrolled in an Illinois school and whether or not your child has attended another school outside of the US
- Verify what is the current primary language spoken in the home
- Verify the student's native language
- Verify what is the preferred language used for correspondence and translation services.
- Click Next

اطلاعات زبان - تمام سؤالات اين برگه ضروري است.

مرور و وارد كردن اينكه اين دانش آموز خدمات انكليسي بعنوان زبان دوم/ يادكيرنده انكليسي كذرانده يا نه.

مرور و وارد كردن تاريخي كه دانش آموز در مدرسه ايالت ايلينويز ثبت نام كرده و اينكه آيا فرزند شما در مدرسه اي خارج از آمريكا بوده يانه.

زبانی که در حال حاضر در خانه دانش آموز به آن صحبت میکنند را وارد کنید.

زبان مادري دانش آموز را وارد كنيد.

زبان ترجيح براي خدمات مكاتبات و ترجمه را وارد كنيد.

كليك نكست

Language Information			
Please enter the basic language information f	for your student below.		
Has your child ever received English as a Second La	nguage (ESL/ELL) services?*		
Yes			
No			
When did the student first enroll in an Illinois school	?*		
month/day/year			
Has your child attended another school outside the	United States?*		
◯ Yes			
○ No			
What language is primarily spoken at home? *			
What is this student's native language (first languag	e learned)?*		
•			
What is your preferred language (for correspondenc	e and translation services)?*		
•			
< Previous Next >			

Previous Schools

مدرسه قبلى

Enter any previous school the student has attended, if there is no prior school or the prior school isn't listed select the **Not Available** option and use today's date for **Left/Will Graduate**.

لطفا مدرسه قبلي كه دانش آموز در آن شركت كرده وارد كنيد. اگر انتخاب مدرسه قبل وجود ندارد شما تاريخ امروز براي رفتن/ خواستن فارغ التحصيلي را انتخاب كنيد.

• Previous Schools		-
Please enter information regarding this student's prior school (If there is no prior school or prior school isn't listed, just sel	ols. ect the option of Not Available and use today's date for <i>Date</i> .	Left/Will Graduate).
Most Recent/Current	School 1	School 2
School*	School	School
NOT AVAILABLE 🔻	•	•
City	City	City
State	State	State
•	•	•
Country	Country	Country
•	•	•
Date Started	Date Started	Date Started
month/day/year	month/day/year	month/day/year
Date Left/Will Graduate *	Date Left/Will Graduate	Date Left/Will Graduate
12/05/2023	month/day/year	month/day/year
Is your student currently suspended or expelled from another school	?*	
▼		
If your student is transferring from another school, the form	linked below is required to be filled out and submitted to the	district 69 school secretary.
Release of Records		
< Previous Next >		

You are in the home stretch now!

شما اکنون در کشش خانه هستید!

Complete the remaining screens for the new student:

- Relationships Parent/Guardians
- Relationships Emergency Contacts
- Relationships Other Household
- Health Services Medical or Mental Health Conditions
- Health Services Medications
- Release Agreements D69
- Signature Authorization then Click Save/Continue

روابط - والدين/ سرپرستها روابط - تماسهاي اضطراري روابط - ساير خانواده خدمات سلامتي - پزشكي و وضعيت سلامتي رواني خدمات سلامتي -داروها قرارداد مرخصي- منطقه ٦٩ امضا اجازه - بعد كليك سيو/ كانتينيو

Release Ag	reements - D69
▼ Signature A	uthorization
Please sig	n on the line below
Clear	
Please click	the "Save/Continue" button below to complete registration for this student and/or add a new student.
 Previous 	s de la constante de
Cancel	Save/Continue

Adding additional Students

اضافه کردن دانش آموز دیگر

If you have more students to register, please click on Add New Student - and go through all of the steps for that child.

فرزندتان.	تمام كنيد براي	ام مراحل را	ک کنید۔ و تم	اد نيو استيودنت كليا	م داريد لطفا روي	بيشتري براي ثبت نا
 	 Image: A start of the start of		 Image: A start of the start of	 Image: A start of the start of		
Student(s) Primary Household	Parent/Guard	lian Em	ergency Contact	Other Household Members	Student	Completed
Student						
FIRST NAME	LAST NAME	GENDER		SCHOOL	RECORD TYPE	COMPLETED
Edison	Sample	м	Ediso	n Elementary School	Existing	INCOMPLETE
Madison	Sample	Ν	Madiso	Madison Elementary School		(INCOMPLETE) >
Lincoln	Sample	М	Lincol	n Junior High School	Existing	INCOMPLETE
Add New Student	nts that need to be enroll	led.				
< Back Save/Con	tinue					

Once you have added all students, and the records have a green "Completed" under the completed column, click the **Save/Continue** button to continue.

tudent(s) Primary Household	Parent/Guardian	Em	hergency Contact	Other Household Members	Student	Completed		
ent								
FIRST NAME	LAST NAME	GENDER		SCHOOL	RECORD TYPE	COMPLETED		
Edison	Sample	М	Ediso	n Elementary School	Existing	COMPLETED	>	
Madison	Sample		Madiso	on Elementary School	Existing	COMPLETED	>	
Lincoln	Sample	М	Lincol	n Junior High School	Existing	COMPLETED	>	
New Student								

Sign the final page saying you are complete

صفحه پایانی را که میگوید شما تمام شدید را امضا کنید

Prior to clicking on Submit - you can go back and verify/edit any data you have entered. You can print your application by clicking on Application Summary PDF. When you are finished, click **Submit** قبل از كليك كردن روي سابميت شما ميتوانيد به عقب برگرديد و اطلاعات راويرايش يا وارد كنيد با كليك روي پي دي اف خلاصه فرم. وقتي تمام شدي روي سابميت كليك كن.

	Student(s) Primary Household	Parent/Guardian	Emergency Contact	Other Household Members	Student	6 Completed	
	Please sign on the line below	. (Clear				
	PLEASE NOTE: Prior to submi information is not submitted u You must submit your applica Back Application Summa	tting your application you mi intil you click the submit but tion by clicking the following ry PDF	ay verify all of the data you h ton above. You will receive a button.	nave entered by going back to the ar an email notification that you applica	ea in question or click on t titon was received after cli	he PDF link below. Your cking submit application.	
Infinite Campus	Online Registration				Application Num Application For: 1	ber 2024-2025	
English							
Thank you for c	completing Online Registra	tion! For a PDF copy of	the submitted data, pl	ease click the link below.			
Application Su	immary PDF						

You can print your application from this page as well. Take note of the application number and the year it was submitted for. شما ميتوانيد کپي فرمتان را از اين صفحه هم داشته باشيد.

شماره فرم و سالي كه سابميت كرديد را براي خود جايي ذخيره كنيد.

Thank you for completing this for your family.

ممنون براي أينكه اين فرم را براي خانواده تان ارسال كرديد.